| FAI  | ON RECORD  |                        | for use through 7/31/2008. CMB 065<br>Mice; U.S. DEPARTMENT OF COMM<br>less it displays a valid OMB control nu<br>Application or Docket Number |           |                 |            |                            |               |
|--|--|------------------------|--|-----------|-----------------|------------|----------------------------|---------------|
| •  | CLAIMS AS FI   | detitute for Form      |  |           | Take I          |            | 10/6/50                    | 792           |
|  | (Column  | LED - PARTI            | (Oolumn 2)   | •         |                 |            |                            |               |
| FOD  |  | 10                     |  | SMAL      | L ENTITY        | OR         | OTHER THAN                 |               |
| FOR<br>BASIO FEE   | NUMBER F   | NUMBER FILED NUI       |  |           |                 |            | SMALL ENTITY               |               |
| (87 CFR 1.18(a))   |  |                        |  | RATE      | FEE             | J          | RATE                       |               |
| TOTAL CLAIMS<br>(37 OFR 1.16(c))   | 29 m   |                        |  | J L       |                 | 7          | INTE                       | - FE          |
| INDEPENDENT CLAIR  | is mi  | 148 20 = -             | 9  | X t =     |                 | OR         |                            | : 74          |
| (87 CER 1.16(b))   | I /a   | HIB 8 C                | . 0  | -         |                 | OR         | x 1/8 =                    | 162           |
| MULTIPLE DEPENDE   | x  |                        | OR   | 4.(24)    |                 |            |                            |               |
|  | /  |                        | <b>∀</b>   | x 1.24=   | 258,            |            |                            |               |
| "If the difference in column 1 is less than zero, enter "0" in column 2.   |  |                        |  | 1 []      |                 | OR         | +5_ =                      |               |
|  |  |                        |  | TOTAL     |                 |            | -                          | <del> </del>  |
| , , CL   | AIMS AS AMEND  | ED - PART IL           |  |           |                 | _ OR∙      | TOTAL                      |               |
| 10/3/11  |  |                        |  |           |                 | •          |                            | -             |
| -11-10V  | (Column 1)   | (Column 2              | (Column 3)   | · SMALL   | ENTITY          | OR         | OTHER                      |               |
| ¥ 0/0/1  | REMAINING  | HIGHEST<br>NUMBER      | PRESE  | 1         | ENITTY          | 7 OK       | OTHER THAN<br>SMALL ENTITY |               |
| <b>高</b> [7 <i>[</i> 29/86]]   | AFTER<br>AMENDMENT   | PREVIOUSI              | PRESENT  | RATE      | ADDI-           | 1 1        | •                          | -14////       |
| Y 9/29/06  Total (T off 1.16(c))  Independent (T off 1.16(c))  | /// Min  | PAID FOR               |  |           | TIONAL          | 1 1        | RATE                       | ADDI          |
| Independent<br>(37 OFR 1.16(8))  | 17   | 29                     | *Ø   |           | TEE_            | i I        |                            | TIONAL        |
| (17 OFR 1.16(U))   | 4 · Min  | us saa                 | 3  | X \$=     |                 | OR         | x:50=                      | 1             |
| FIRST PRESENTAT  | TON OF MULTIPLE DEPI   |                        | -1/2   | · X & =   |                 | OR         | × 200=                     | +-            |
|  | THE THE DEP  | NDENT CLAIM (37        | OFR 1.16(d))   | +: -      |                 |            |                            | <del></del>   |
| •  |  |                        |  | TOTAL     |                 | OR         | +:360 =                    | _ \           |
|  | (Column 1)   | •                      | •  | ADD'L FEE |                 | OR         | ADD'L FEE                  | 1             |
| m  | CLAIMS I   | (Column 2)<br>HIGHEST  | (Column 3)   | •         |                 |            | Lancing L                  |               |
| ž I  | REMAINING AFTER  | NUMBER                 | PRESENT  | RATE      |                 |            | -                          | · ·           |
| Total  | MENDMENT   | PREVIOUSLY<br>PAID FOR | EXTRA  | '\\'      | ADDI-<br>TIONAL | j          | RATE                       | ADDI-         |
| (37 OFR 1.16(c))   | Minu   | *                      | =  |           | FEE             | - 1        |                            | TIONAL        |
| Total (37 GFR 1.16(b)) Independent (37 GFR 1.16(b))  | Minu   | 1111                   | <del> </del>   | X 8=      |                 | OR ·       |                            | FEE           |
| EDOT OF THE  |  |                        |  | X : =     |                 | - N        | X \$                       |               |
| FIRST PRESENTATION   | ON OF MULTIPLE DEPE  | DENT CLAIM (37 C       | FR 1.16(d))  |           |                 | OR _       | =                          | •             |
| •  | •  |                        |  | TOTAL =   |                 | OR .       | - 5_ =                     |               |
|  |  |                        |  | ADD'L FEE |                 |            | OTAL                       |               |
|  | Column 1)  | (Column 2)             | (Column 3)   |           |                 | OR A       | OD'L FEE                   |               |
| 2  | CLAIMS<br>EMAINING   | HIGHEST                |  | <u> </u>  |                 |            |                            |               |
|  | AFTER<br>MENDMENT  | NUMBER<br>PREVIOUSLY   | PRESENT<br>EXTRA   | RATE      | ADDI-           |            |                            |               |
| · P · LOISI I ·  | Minus  | PAID FOR               |  |           | TIONAL          |            | RATE"                      | ADDI-         |
| (37 CFR 1.16(c))   |  |                        | =  | V         | FEE             | <b> </b> _ |                            | TIONAL<br>FEE |
| (37 CFR 1.18(b))   | Minus  | 141                    | E  | X \$      |                 | OR X       | \$=                        |               |
| FIRST PRESENTATIO  | N DE LUU TICL  | ·                      |  | X.\$=     | 1               | [          |                            |               |
| - COLITATIO  | N OF MULTIPLE DEPEND   | ENT CLAIM (37 CF       | R 1.16(d))   | 1.        |                 | OR X       | <u></u>                    |               |
|  |  |                        |  | TOTAL =   |                 | OR +       |                            |               |
| * If the entry in column "If the "Highest Numb "If the "Highest Numb   | n 1 is less than the ent<br>er Previously Paid For<br>er Previously Paid For | V in column 2          | for the  | ADDU PER  | 1               | 10         | TAL                        |               |
| If the "Highest Number The "Highest Number N | Ar Providence D. L   | Z TO THE WILL Z WILL   | U ID column 1  | <b>-</b>  |                 | 3A ~~      | D'L FEE                    |               |

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS; SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.